

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2							52						
3							53						
4							54						
5							55						
6		5					56						
7		3					57						
8		1					58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17		0					67						
18		5					68						
19	1						69						
20		1					70						
21		1					71						
22		2					72						
23		1					73						
24		1					74						
25		1					75						
26		3					76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	23						TOTAL DEP.						
TOTAL CLAIMS	41						TOTAL CLAIMS						

Best Available Copy